MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037280
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4906

FILED OCT 19 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 1 Mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2726 Wabash — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2726 Wabash — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Clayton Middle: Williams Last:
4. DATE OF DEATH Month Day Year: 9 - 25 - 61
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-8-92
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hot Spring, Ark.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Simon Williams
13b. MOTHER'S MAIDEN NAME: Rachel Rosser
14. NAME OF HUSBAND OR WIFE: Harriett Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: Harriett Williams Address: 2726 Wabash K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Dilatation of Heart
DUE TO (c) Chronic Adhesive Pleurisy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. Tillman M.D. Deputy Coroner
22b. ADDRESS 1618 Lydia Ave
22c. DATE SIGNED 9/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-5-61
23c. NAME OF CEMETERY OR CREMATORY: National
23d. LOCATION (City, town, or county) (State): Ft. Leavenworth, Kan.
24. FUNERAL DIRECTOR: Manlove and Williams ADDRESS: K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 10-3-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF L.M. Tillman MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.